

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF SOLID & HAZARDOUS WASTE
PO BOX 414
TRENTON, NEW JERSEY 08625-0414

**REQUEST FOR ADDITIONAL SOLID WASTE AND/OR MEDICAL
TRANSPORTER REGISTRATIONS**

Date _____

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone # _____ SWDEP # _____

1. For each Type M, Type T, Type C and Type S units identified in this request as leased, please attach a Legible copy of the executed lease agreement valid for the period that this registration will be in effect (Vehicle Identification No. (VIN) must be incorporated into the lease, or referenced to in an appendix or attachment),
2. A legible copy of each motor vehicle registration must be provided only for all 'new' equipment added to your application regardless of ownership, and for plate changes & VIN number corrections.
3. **Add-ons by appointment** (609) 292-7081 or by mail only.

**FOR DEP
USE ONLY**

VIN NUMBER	STATE	PLATE #	VEHICLE TYPE	DECAL #

YOU MUST SUBMIT PAYMENT AT THIS TIME

**Make checks/money orders payable to:
"Treasurer, State of New Jersey"**

Amt: \$ _____ Check #: _____

I hereby certify that the foregoing statements are true
and I am aware that if any of the foregoing statements
made by me are willfully false, I am subject to punishment.

Name (Print or Type) _____

Title _____

Signature _____

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Type of Vehicle	Fee/Vehicle
1. Solid Waste Cab (M) -----	\$ 20.00
2. Solid Waste Trailer (T) -----	\$ 30.00
3. Solid Waste Container (C) -----	\$ 30.00
4. Solid Single Unit Vehicle (S) -----	\$ 50.00
5. Replacement cab card -----	\$ 10.00

FEES EFFECTIVE MAY 1 CALENDAR YEAR